

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588345

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2			1		
4	2			1		
5	1			1		
6	2			1		
7	1			1		
8	1			1		
9	1			1		
10	0			1		
11	1			1		
12	1			1		
13	1			1		
14	0			1		
15	0			1		
16	1			1		
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TOTAL IND.	8		2			
TOTAL DEP.	30	↔	27	↔		
TOTAL CLAIMS	32		29			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	